

CONFIDENTIALITY STATEMENT FORM

SAN DIEGO SUPERIOR COURT
Adult Drug Court Program

I, _____, as a participating member or guest of the _____ Drug Court, duly recognize my responsibility to the confidentiality of the Drug Court Program, and hereby agree:

1. Any information discussed at a team meeting shall remain confidential and will not be revealed to anyone.
2. Names of program participants will be disseminated to team members* only.
3. Any information gathered during a 4th waiver search will be shared with team members* only unless it relates to evidence of a new crime.
4. Photos, Drug Court files and addresses of Drug Court participants will remain confidential, to be used by Drug Court Team members* only.
5. Warrants of arrest are not confidential.
6. Information in ARJIS system is not confidential.

Signed: _____ Date: _____

Note: This form is necessary in order to comply with Title 42 of the code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records.

* Team members include law enforcement liaison officers and all team back-up members.